

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ROSE SALAIZ  
 319 VALLEY FAIR WAY  
 EL PASO TX 79907  
 RE: 3:23CV47DCG, DOC#4

2. Article Number (Transfer from service label)

7018 1830 0000 4294 8061

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

**FILED**  
 March 29, 2023  
 CLERK, U.S. DISTRICT COURT  
 WESTERN DISTRICT OF TEXAS

BY: CSanchez

DEPUTY

3. Service Type

☒ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery  
(over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted  
Delivery☐ Signature Confirmation™☐ Signature Confirmation  
Restricted Delivery